

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000002692

1. Entity Name

COSTA BRAVA ASSOCIATION, INC.

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90001 005 ****61.25

Principal Place of Business

4444 SW 71ST AVE. SUITE 107
 MIAMI FL 33155

Mailing Address

4444 SW 71ST AVE. SUITE 107
 MIAMI FL 33155-4658

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0922382

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent

Name *Rogelio Cainzos*
 Street Address (B.O. Box Number is Not Acceptable) *96 Cables Professional Realty Inc*
300 Aragon Ave Suite 205
 City *Coral Gables, FL* Zip Code *33134*

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
 FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
 Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FELIPE, MARIO	
STREET ADDRESS	4444 SW 71ST AVE, SUITE 107	
CITY-ST-ZIP	MIAMI FL 33155	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GUERRA, JORGE L	
STREET ADDRESS	4444 SW 71ST AVE, SUITE 107	
CITY-ST-ZIP	MIAMI FL 33155	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GUERRA, JORGE L JR	
STREET ADDRESS	4444 SW 71ST AVE, SUITE 107	
CITY-ST-ZIP	MIAMI FL 33155	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Director, President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Luis Rabell	
STREET ADDRESS	7270 NW 12 St. Ste. 410	
CITY-ST-ZIP	Miami, FL 33126	
TITLE	Director, Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Emiliano de la Fuente	
STREET ADDRESS	7270 NW 12 St. Ste. 410	
CITY-ST-ZIP	Miami, FL 33126	
TITLE	Director, Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Keyla Alba - Reilly	
STREET ADDRESS	7270 NW 12 St. Ste. 410	
CITY-ST-ZIP	Miami, FL 33126	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
 SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)